



## Statewide Coordinating Council for Public Health District Coordinating Council<sup>1</sup> Update

District: Penquis	Date: 09/23/10
<p>Brief review of decisions and outcomes from DCC meetings held since last SCC meeting (please attach agendas):</p> <ul style="list-style-type: none"> <li>-The DCC membership voted and approved the focus on Essential Public Health Services:             <ul style="list-style-type: none"> <li>➤ Essential Service 7 – Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable</li> <li>➤ Essential Service 4 –Mobilize Community Partnerships to Identify and Solve Health Problems</li> </ul> </li> <li>-A subcommittee of DCC volunteers met through the summer to further prioritize the focus on the “Call to Action” sheet. The selection was based on moving the numbers on avoidable hospitalizations respiratory, heart failure, and diabetes, among other factors. The committee recommended and the Steering Committee approved:</li> </ul> <p>Population Health Indicators-</p> <ol style="list-style-type: none"> <li>1. <u>Obesity</u>:             <ul style="list-style-type: none"> <li>Percent of adults that are obese (report BMI<math>\geq</math>30)</li> <li>Percent of high school youth that are overweight or obese</li> <li>Percent of adults that have not exercised in the past 30 days</li> </ul> </li> <li>2. <u>Immunization</u> which includes a focus on:             <ul style="list-style-type: none"> <li>Percent ever had Pneumococcal <math>\geq</math> 65 years</li> <li>Percent influenza vaccine past year for adults &gt; 18</li> </ul> </li> </ol>	
<p>Ongoing or upcoming projects or priority issues:</p> <ul style="list-style-type: none"> <li>-Developing and approving the Penquis District Public Health Improvement Plan</li> <li>-Local Health Officers and Unorganized Territory coverage for Penquis</li> <li>-Obesity and Flu and Pneumococcal Workgroup meetings</li> </ul>	
<p>Status of District Public Health Improvement Plan:</p> <ul style="list-style-type: none"> <li>-Two workgroups have been established, Flu and Pneumococcal and Obesity. Each group is selecting activities that will also link individuals with personal health services and strengthen community partnerships in the District.</li> <li>-The two workgroups have met and drafted a logic model work plan to present to the full Penquis DCC membership at the Oct. 15 meeting for approval.</li> </ul>	
<p>Organizations represented at meeting(s):</p> <ul style="list-style-type: none"> <li>Maine CDC/DHHS</li> <li>City Health Department</li> <li>Health Care Providers</li> <li>Comprehensive Community Health Coalitions/ Healthy Maine Partnerships</li> <li>Area Agency on Aging</li> <li>Mental Health Services</li> <li>Local RSU</li> <li>FQHC</li> <li>Local Health Officer</li> <li>Social Service Agencies</li> <li>Emergency Management</li> </ul>	



**Public Health**  
Prevent. Promote. Protect.

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United Way
In-district or multi-district collaborations: -Beacon Community Project through EMHS and related Penquis Partners -District Local Health Officer Trainings -Multi-agency meeting on planning for joint grant application conducted by City of Bangor
Issues or topics to be addressed by SCC: -Local Health Officer Coverage in Unorganized Territories -What is the DCC role, if any, in applying for funding through health care reform?
Other district issues (external to the DCC) that impact public health: -Addressing substance abuse in a meaningful way. District Plans do not leave room to cover substance abuse, but DCC partners still value it as a significant issue in the Penquis District. -Uptake of flu vaccination in school is mixed. Barriers still exist to attracting some schools in Penquis to adopt the model.

### <sup>1</sup>Sec. 5. 22 MRSA c. 152

A district coordinating council for public health shall:

1. Participate as appropriate in district-level activities to help ensure the state public health system in each district is ready and maintained for accreditation;
2. Provide a mechanism for district-wide input to the state health plan under Title 2, section 103;
3. Ensure that the goals and strategies of the state health plan are addressed in the district; and
4. Ensure that the essential public health services and resources are provided for in each district in the most efficient, effective and evidence-based manner possible.